

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

December 31, 1987



ALL COUNTY LETTER NO. 87-169

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) UNIFORM NEEDS
ASSESSMENT PROJECT

The purpose of this letter is to inform Counties of the In-Home Supportive Services (IHSS) Uniform Needs Assessment Project, to announce changes to the IN-HOME SUPPORTIVE SERVICES ASSESSMENT FORM (SOC 293) and to determine numbers of staff who will attend State-conducted training sessions on the new assessment process.

The State Department of Social Services (SDSS) is committed to developing equitable needs assessments in the IHSS program by making the process more objective and eliminating the present wide disparities between Counties. In conjunction with consumers, advocates and County representatives delegated by the County Welfare Directors Association (CWDA), SDSS has spent more than a year studying literature and drafting, field testing, and revising assessment criteria. The IHSS Uniform Needs Assessment Project (Uniformity) establishes Statewide criteria to be used uniformly to evaluate each recipient's physical, mental and emotional functioning and the impact of the recipient's environment, significant others and social support system on his/her needs. This new process was established consistent with current regulations. Once this process is implemented, SDSS will review the results and determine if future changes to the regulated assessment process are necessary.

SDSS would like to extend special thanks to the advisory committee members who put so much effort into the development of the assessment criteria. County advisory committee members were:

- * Mr. Tom McCormick - Alameda County
- * Mr. Lee Hunter - Contra Costa County
- * Mr. Bill Duncan and Ms. June Breese McClellan - Fresno County
- * Ms. Rosalind Martin - Los Angeles County
- * Ms. Rose Moore - Madera County
- * Ms. Susan Powers-Kane - Marin County
- * Ms. Dinah Phillips, Ms. Cecelia Espinola and Mr. Gregg Plummer - Santa Cruz County
- * Ms. Shirley Lester - Ventura County
- * Ms. Mary Paige - Yolo County

In addition, representatives from CWDA Adult Services Regional Committees reviewed drafts and made significant contributions. Consumers and advocates also provided a great deal of assistance in the development of the criteria. Staff from California Department of Aging (CDA) and CDA-funded programs helped in the development of the assessment criteria and have implemented Uniformity at all SEED sites. Therefore, we encourage Counties with SEED sites to invite SEED representatives to County training.

SDSS staff and County advisory committee members will be conducting a series of training sessions for County staff who, in turn will train all other County IHSS case assessment staff. The training for trainers will be conducted in 10 sites in January and February 1988. Ms. Joan Boomer, SDSS; Ms. Rosalind Martin, Los Angeles County; and Ms. Shirley Lester, Ventura County, will colead these training sessions. Training sessions will be held from 9:00 to 3:30. The training schedule and list of Counties assigned to each workshop is attached (Attachment A). All County-conducted staff training must be completed by March 1, 1988. In order to ensure consistency, State staff will be attending many of these County-conducted training sessions. The assessment process will be phased in for all assessments done once County IHSS staff are trained.

Because of the limited number of training workshops, we must ask that the persons attending be those who will be responsible for providing training to other staff. By January 15, 1988, please confirm your attendance to the workshop, including the number of attendees from your County, the number of IHSS staff in your County, a County contact person and phone number. The SDSS contact person for these workshops is Joan Boomer at (415) 464-1007 or ATSS 561-1007.

Rankings of recipient functioning and other Uniformity information will be recorded in Fields H1 and H2 of the SOC 293. Therefore, we have revised the SOC 293 to incorporate these changes. In addition, other changes have been made to the SOC 293 to improve the collection and reporting of other data. Some of the changes will become effective immediately upon implementation of Uniformity, and others have been included on the new SOC 293 but will not be reprogrammed to their enhanced functions until a later date. All changes are outlined in Attachment B.

Effective February 16, 1988, the old SOC 293 (10/85) to input data will no longer be used. Input screens (RELA, RELB, and RELC) will be changed to reflect the input requirements and fields of the revised SOC 293 (2/88). Electronic Data Systems (EDS) will run a dump on the revised SOC 293 form of all clients in R, I, E and L status. An initial supply of the SOC 293 (2/88) will be available from EDS in mid-January. Please send a purchase order to:

EDS Corporation - IHSS
P.O. Box 700
Rancho Cordova, CA 95670-700

Include on your order whether you want the SOC 293 in 2-part or 3-part. Cost for the new forms will remain the same. A facsimile of the document is attached (Attachment C).

Questions regarding the training sessions may be referred to Ms. Joan Boomer at (415) 464-1007 or ATSS 561-1007.



LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachments

cc: CWDA

ATTACHMENT A

REGIONAL IHSS UNIFORMITY TRAINING

WORKSHOP SCHEDULE

<u>Workshop</u>	<u>County Participants</u>
Date: January 27 and 28, 1988 Location: 3401 Rio Hondo Ave. El Monte	Inyo, Los Angeles
Date: January 29, 1988 Location: 924 Anacapa St. 3rd Floor, Room M Santa Barbara	Kern, San Luis Obispo, Santa Barbara, Ventura
Date: February 3, 1988 Location: 1111 Spruce St. Wiley Room Riverside	Riverside, San Bernardino
Date: February 4, 1988 Location: War Memorial Building 3325 Zoo Dr., Room 6 San Diego	Imperial, Orange, San Diego
Date: February 8, 1988 Location: Marin Co. Civic Center Hall of Justice Room 254 San Rafael	Contra Costa, Lake, Marin, Mendocino, Napa, Solano, Sonoma
Date: February 9, 1988 Location: Allen B. Carder Rm. 10 Dempsey Rd. Milpitas	Alameda, Monterey, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz

Date: February 11, 1988
Location: 2115 Wardrobe Ave.
Merced

Fresno, Kings, Madera,
Mariposa, Merced, Stanislaus,
Tulare, Tuolumne

Date: February 17, 1988
Location: Red Lion Inn
1830 Hilltop Dr.
Sacramento Room
Redding

Del Norte, Humboldt, Lassen,
Modoc, Shasta, Siskiyou,
Tehama, Trinity

Date: February 18, 1988
Location: 25 County Center Dr.
Personnel Training Room
Oroville

Butte, Colusa, Glenn, Plumas,
Sierra, Sutter, Yuba

Date: February 19, 1988
Location: 3141 Data Dr.
Rancho Cordova

Alpine, Amador, Calaveras,
El Dorado, Mono, Nevada,
Placer, Sacramento,
San Joaquin, Yolo

<u>County</u>	<u>Training Location</u>
01 Alameda	Milpitas
02 Alpine	Rancho Cordova
03 Amador	Rancho Cordova
04 Butte	Oroville
05 Calaveras	Rancho Cordova
06 Colusa	Oroville
07 Contra Costa	San Rafael
08 Del Norte	Redding
09 El Dorado	Rancho Cordova
10 Fresno	Merced
11 Glenn	Oroville
12 Humboldt	Redding
13 Imperial	San Diego
14 Inyo	El Monte
15 Kern	Santa Barbara
16 Kings	Merced
17 Lake	San Rafael
18 Lassen	Redding
19 Los Angeles	El Monte
20 Madera	Merced
21 Marin	San Rafael
22 Mariposa	Merced
23 Mendocino	San Rafael
24 Merced	Merced
25 Modoc	Redding
26 Mono	Rancho Cordova
27 Monterey	Milpitas
28 Napa	San Rafael
29 Nevada	Rancho Cordova
30 Orange	San Diego
31 Placer	Rancho Cordova
32 Plumas	Oroville
33 Riverside	Riverside
34 Sacramento	Rancho Cordova
35 San Benito	Milpitas
36 San Bernardino	Riverside
37 San Diego	San Diego
38 San Francisco	Milpitas
39 San Joaquin	Rancho Cordova
40 San Luis Obispo	Santa Barbara

CountyTraining Location

41 San Mateo
42 Santa Barbara
43 Santa Clara
44 Santa Cruz
45 Shasta

Milpitas
Santa Barbara
Milpitas
Milpitas
Redding

46 Sierra
47 Siskiyou
48 Solano
49 Sonoma
50 Stanislaus

Oroville
Redding
San Rafael
San Rafael
Merced

51 Sutter
52 Tehama
53 Trinity
54 Tulare
55 Tuolumne

Oroville
Redding
Redding
Merced
Merced

56 Ventura
57 Yolo
58 Yuba

Santa Barbara
Rancho Cordova
Oroville

ATTACHMENT B

IN-HOME SUPPORTIVE SERVICES (SOC 293) Changes

The following is a list of changes made to the SOC 293:

- o F1 STATUS - Required effective with the new screens. Rather than circle the Status Code, enter the appropriate Alpha Character which can be found in the CMIPS Instruction Manual.
- o F2 PRIMARY DIAG - This is a new field which will not be effective until a later date. The Primary Diagnosis will be obtained from information currently collected and recorded in the case file (most likely on the FACE SHEET (SOC 293A)). Codes will be developed for use in this field.
- o F3 CITIZEN - This field is currently identified as REFUGEE in Field F2. The same Refugee data entry codes will be used. Additional codes will be developed to incorporate changes in Immigration and Naturalization laws.
- o F4- ETHNIC thru FBU#, Fields F3 thru F8 have been
F9 renumbered F4 thru F9. Field F6 OTH/COV has been enlarged to accommodate future changes.
- o H1 FUNCTIONING - This field will be optional between February 16, and March 1, 1988, at which time it will be a required field for any case in which an assessment is completed. This is the field in which the social service worker records client functioning using IHSS Uniformity Assessment criteria. Effective with the SOC 293 dump February 16, 1988 the H1 field currently on file will be erased and the field will remain blank until an assessment is made and the results entered.
- o H2 FUNCTIONAL INDEX - This field will display the system generated Functional Index score of the client once Field H1 has been completed.
- o H3 W/O IHSS - This field has been renumbered from Field H2.
- o H4 NEED PROVIDER - This field has been renumbered from Field H3.
- o I2 LINK: This field has been moved and renumbered from Field J1.
- o I3 DEP: This field has been moved and renumbered from Field J2.

- o I4 SOURCE/INCOME/DEDUCT: This field has been renumbered from Field I2.
- o I5 COUNTABLE INCOME: This field has been renumbered from Field I3.
- o J1& K2 SOURCE/INCOME/DEDUCT: An additional SOURCE/INCOME/DEDUCT field has been added and for ease of use, K1 has been moved and renumbered from Field L2.
- o J3 BENEFIT CODE LEVEL: This field has been renumbered from Field J4.
- o L2 MODE/RATE/HOURS: This field has been moved and renumbered from Field K1.
- o M5 MODE/RATE/HOURS: These fields have been modified to accommodate information regarding mixed mode service delivery. The change will be effective at a later date.
- o N5
- o O5
- o M6 SHARE OF COST: These fields have been modified to accommodate information regarding mixed mode service delivery. The change will be effective at a later date.
- o N6
- o O6
- o M7 TYPE: This field no longer contains S for Severely Impaired and N for Non-Severely impaired. A system generated S or N will continue to display in the field.
- o N7
- o O7
- o M8 PAY OPT: This field no longer contains R for Recipient, P for Provider and M for Restaurant Meal Allowance. The system generated R, P and/or M will continue to display in the field.
- o N8
- o O8
- o P3 FACE TO FACE DATE - The field title has been changed from ASSESSMENT DATE to better reflect the information that needs to be entered. The usage remains the same.
- o AA- PAGE 2 OF THE SOC 293 - The major change is the elimination of the FREQUENCY column and the addition of the optional column titled COUNTY USE. The COUNTY USE column is intended to provide counties which use mixed modes of services, the opportunity to identify services to be provided by the second service delivery mode. No input will be allowed in this column until announced.
- o YY

Other changes are: Line BB PREPARATION OF MEALS has been changed to reflect the new severely impaired designation by removing the second asterisk. The pound signs (#) on lines AA, DD, EE, FF, GG, SS, TT, UU, and XX have been removed as the non-essential service procedures will not be in effect beyond June 30, 1988.

Detailed descriptions of each field will be provided in the revised CMIPS Instruction Manual which will be available at the training sessions.

A	CNTY (1)	RECIPIENT #	CD	SEQ. # (2)	AID CODE (3)	SOCIAL SECURITY NO. (4)	SEX (5) M F	BIRTHDATE			
								MONTH (6)	DAY	YEAR	
B	LAST NAME (1)					FIRST NAME (2)					MI (3)
C	STREET (1)					CITY (2)	ST (3)	ZIP CODE/CT (4)			
D	TELEPHONE # (1)		(2)	(3)	GUARDIAN/CONSERVATOR (4)						
E	STREET (1)					CITY (2)	ST (3)	ZIP CODE/CT (4)			
F	STATUS (1)	PRIM. DIAG (2)	CITIZEN (3)	ETHNIC (4)	LANG. (5)	OTH/COV (6)	SSNV (7)	HIC./R.R. # (8)		FBU. # (9)	
G	SPOUSE/PARENT (1)	# HH (2)	#RCP (3)	RES (4)	L/A (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER Y N	STOVE Y N	REFRIG. Y N
H	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div>(1)</div> <div>HOUSEWORK</div> <div>LAUNDRY</div> <div>SHOPPING & ERRANDS</div> <div>MEAL PREP & CLEANUP</div> <div>MOBILITY INSIDE</div> <div>BATHING & GROOMING</div> <div>DRESSING</div> <div>BOWEL BLADDER & MENSTRUAL TRANSFER</div> <div>EATING</div> <div>RESPIRATION</div> <div>MEMORY</div> <div>ORIENTATION</div> <div>JUDGMENT</div> <div>FUNCTIONAL INDEX</div> </div> <div style="width: 45%;"> <div>(2)</div> <div>(3)</div> <div>(4)</div> <div>W/O IHSS</div> <div>NEED PROVIDER</div> </div> </div>										
I	SHARE OF COST DATE (1)		LINK (2)	DEP (3)	SOURCE (4)	INCOME	DEDUCT	COUNTABLE INCOME (5)			
J	SOURCE (1)	INCOME	DEDUCT	(2)	(3)	BENEFIT CODE/LEVEL (3)					
K	(1)			(2)	(3)	SHARE OF COST (3)					
L	MODE (1)	RATE	HOURS	MODE (2)	RATE	HOURS	RECOVERY (3)				
M	ACT D	BEGINNING DATE (2)	ENDING DATE (3)	GROSS AMOUNT (4)	MODE (5)	RATE	HOURS	SHARE OF COST (6)	TYPE (7)	PAY OPT (8)	
N	D	(2)	(3)	(4)	(5)			(6)	(7)	(8)	
O	D	(2)	(3)	(4)	(5)			(6)	(7)	(8)	
P	APPLICATION DATE (1)		REF (2)	FACE TO FACE DATE (3)	COUNTY USE (4)						
Q	D/O (1)	SERVICE WORKER NAME (2)				SW # (3)	SERVICE WORKER PHONE # (4)				
R	ALERT MESSAGE										
	NOA MESSAGE										
S	AUTHORIZATION:				DATE:		REMARKS:				
T	VALIDATION:				DATE:		REMARKS:				

	LAST NAME & #	SEQ. #	TOTAL NEED	ADJUSTMENTS	INDIVIDUAL ASSESSED NEED	ALTERNATIVE RESOURCES	AUTH TO BE PURCH	UNMET NEED	COUNTY USE
AA	Domestic Services								
BB	• Preparation of Meals								
CC	• • Meal Clean Up								
DD	Routine Laundry, Etc								
EE	Shopping for Food								
FF	Other Shopping & Errands								
GG	Heavy Cleaning								
HH	• Respiration								
II	• Bowel and Bladder Care								
JJ	• Feeding								
KK	• Routine Bed Baths								
LL	• Dressing								
MM	• Menstrual Care								
NN	• Ambulation								
OO	• Moving In/Out of Bed								
PP	• Bathing, Oral Hygiene, Grooming								
QQ	• Rubbing Skin, Repositioning, Etc.								
RR	• Care and Assistance with Prosthesis								
SS	Accompaniment To Medical Appointment								
TT	Accompaniment To Alternate Resources								
UU	Remove Grass, Weeds, Rubbish								
VV	Remove Ice, Snow								
WW	Protective Supervision								
XX	Teaching & Demonstration								
YY	• Paramedical Services								

ZZ	NOA. (1) M C N	RSN. CD. (2)	RSN. CD.	RSN. CD.	RSN. CD.	BEGINNING DATE (3)	ENDING DATE (4)	ADVANCE (5) Y N	MEAL ALLOW (6) Y N
aa	MONTHLY HRS. AUTHOR- IZED.	WKLY. HRS (1)	MEAL HRS. (BB+CC+EE) (2)	MO. HRS. (3)		(4)	TOTAL (5)	PURCHASE (6)	UNMET NEED (7)
	=	-	x4.33	+		=	-	=	